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Attorneys for Plaintiff

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA - COURT OF UNLIMITED JURISDICTION

JEFFREY A. WATTS,

Plaintiff,

vs.

ASHBY LUMBER COMPANY, *et al.*

Defendants.

Case No.: RG17873335

**DECLARATION OF STEVEN J. WATTS  
PURSUANT TO C.C.P. SECTION 377.32**

Complaint Filed: August 29, 2017

Trial Date: October 9, 2018

I, Steven J. Watts, declare as follows:

1. The decedent's name is Jeffrey A. Watts.


2. Jeffrey A. Watts died on February 26, 2020 at Fairview, Oregon. Jeffrey A.

Watts died from an asbestos-related disease due to his exposure to asbestos.

3. No proceeding is now pending in California for the administration of the  
decedent's estate.

4. I am the decedent's surviving brother and his successor-in-interest (as defined in  
Section 377.11 of the California Code of Civil Procedure), and I succeed to his interest in the  
action.

5. No other person has a superior right to commence the action or proceeding or to  
be substituted for the decedent in the pending action or proceeding.

  
STEVEN J. WATTS

# EXHIBIT A



## CERTIFICATE OF DEATH RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

909702

I.D. TAG NO.

136-2020-005044

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name		First <b>Jeffrey</b>	Middle <b>Arthur</b>	Last <b>Watts</b>	Suffix	Death Date <b>February 26, 2020</b>
Sex <b>Male</b>	Age <b>53 years</b>	Social Security Number <b>[REDACTED] 4839</b>		County of Death <b>Multnomah</b>		
Birthdate <b>September 03, 1966</b>		Birthplace <b>Oakland, California</b>				Was Decedent Ever in U.S. Armed Forces? <b>No</b>
Residence: <b>1460 NE Village Street</b>				City/Town <b>Fairview</b>		
Residence County <b>Multnomah</b>		State or Foreign Country <b>Oregon</b>		Zip Code + 4 <b>97024</b>	Inside City Limits? <b>Yes</b>	
Marital Status at Time of Death <b>Never married</b>		Spouse's Name Prior to First Marriage				
Father's Name <b>Ronald Watts</b>				Mother's Name Prior to First Marriage <b>JoAnn Thorburn</b>		
Informant's Name <b>Karen Greenbough</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Sister-in-law</b>		Mailing Address <b>123 Williamson Court, Martinez, CA 94553</b>	
Place of Death <b>Decedent's Residence - Hospice</b>			Facility Name			
Location of Death <b>1460 NE Village Street</b>			City/Town or Location of Death <b>Fairview</b>		State <b>Oregon</b>	Zip Code + 4 <b>97024</b>
Method of Disposition <b>Dissolution</b>		Place of Disposition <b>Aqua Green Dissolution Eco-Friendly Flameless Cremation</b>			Location (City/Town and State) <b>Portland, Oregon</b>	
Name and Complete Address of Funeral Facility <b>Threadgill Memorial Services 4815 SW Jamieson Road, Beaverton, Oregon 97005</b>						
Date of Disposition <b>TBD</b>	Funeral Director's Signature <b>Deborah Wardrop-Threadgill</b>		Electronically Signed		OR License Number <b>FS-0543</b>	
Registrar's Signature <b>Jennifer A. Woodward</b>		Date Received <b>March 01, 2020</b>		Local File Number		
Amendment						

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? <b>No</b>	Autopsy? <b>No</b>	Were autopsy findings available to complete the cause of death?		Time of Death <b>11:50 AM</b>
CAUSE OF DEATH IMMEDIATE CAUSE ↓ <b>Malignant metastatic mesothelioma of pleura and pericardium</b>				Approximate Interval: Onset to Death <b>3 years</b>
a. Due to (or as a consequence of) ↓				
b. Due to (or as a consequence of) ↓				
c. Due to (or as a consequence of) ↓				
d. Due to (or as a consequence of) ↓				
Other significant conditions contributing to death: <b>Costochondritis, Recurrent pleural and pericardial effusions, Peripheral neuropathy, Pericarditis, Bipolar disorder, History of non-small lung cell cancer R lung 2005</b>				
Manner of Death <b>Natural</b>	If Female	Not Applicable		Did tobacco use contribute to death? <b>No</b>
Date of Injury	Time of Injury	Place of Injury		Injury at Work?
Location of Injury				
Describe how injury occurred				If transportation injury, specify.
Name and Address of Certifier: <b>Carma Jane Lee 6500 SW Macadam Avenue Ste 160, Portland, Oregon 97239</b>				
Name and Title of Attending Physician if Other than Certifier				Date Signed <b>March 01, 2020</b>
Medical Certifier <b>Carma Jane Lee</b>	Electronically Signed	Title of Certifier <b>M.D.</b>		License Number <b>MD21672</b>
Amendment				



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

March 02, 2020

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE